

Client Information and Disclosure Statement

Disclosure Required By Colorado Law and the Department of Regulatory Agencies

Nic Showalter, M.A., LLC
Whole Person Counseling
Nic Showalter, M.A., CAC-III
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Degrees & Credentials:

Victor Nicholas Showalter

M.A. in Applied Sociology from Northern Arizona University, 1998
Certified Addiction Counselor-III (#6936 Issue Date: 04/21/2010)

The practice of both licensed, unlicensed persons in the field of psychotherapy, and addictions counseling are regulated by the Colorado Department of Regulatory Agencies (DORA) under CRS 12.43.214. Under this statute you are entitled to receive information about my methods of psychotherapy and addictions counseling, the techniques I use, the duration of psychotherapy/treatment (if known), and my fee structure. You may seek a second opinion from another therapist, or you may terminate psychotherapy/addictions counseling at any time. In a professional relationship sexual intimacy between therapist and client is never appropriate and should be reported to the Grievance Board. Questions or complaints may be addressed to the DORA.

Nic Showalter, M.A., LLC/Whole Person Counseling:

Nic Showalter, M.A./Whole Person Counseling is a limited liability corporation, and is subject to the guidelines of the corporation and the Department of Regulatory Agencies. Nic Showalter is a Certified Addictions Counselor-III and is the sole owner of Nic Showalter, MA LLC/Whole Person Counseling.

Philosophy:

Your decision to enter psychotherapy/addictions counseling is a personal decision and an opportunity to make new discoveries and increase your understanding of self. My hope is that our professional relationship supports you through engagement in an atmosphere of confidentiality, safety and trust.

I accept clients who are interested in making life-changing discoveries and who are interested in personal commitment to finding the answers to their most perplexing problems. I believe that as people learn more about themselves and about how their environment affects them, they become happier and more satisfied with their lives. However self-knowledge and the knowledge of how environment affects them, may take a long period of time for clients to realize. Some clients may only need a few sessions, whereas others may require months or even years of therapy. As a client you are in complete control and may end our professional relationship at any point. When therapy is successful, you should feel that life's challenges are manageable without our support or intervention.

Clients are entitled to receive information about methods of therapy, techniques utilized, duration of therapy and fee structures.

Clients may obtain a second opinion from another mental health professional and/or may discontinue therapy at anytime.

Sexual intimacy among clients and therapists is never appropriate and should be reported immediately to the Mental Health Grievance Board.

Confidentiality:

The information that you discuss during a psychotherapy/addictions counseling session is protected as confidential under law (CRS 12.43.214 (1) (d) with certain limitations. Some of these limitations are:

- I am required by law to report suspected child abuse without an investigation to the proper authorities, who may then investigate.
- I may take some action with your consent if we deem you to be a serious harm to yourself or another.
- If I am unable to collect our agreed upon fee after 90 days from the day service was provided, I may send your name and address to a collection agency. All accounts that are not paid within 90 days from the day of service will be considered past due. If your account is past due, please be advised that I may be obligated to turn the past due accounts to a collection agency or seek collection with a Civil Court action. Should this occur, I will provide the collection agency or Court with your Name, Address, Phone Number and any other directory information, including dates of service or any other information requested by the collection agency or the Court deemed necessary to collect past due accounts.
- If you file an official complaint or a lawsuit against me, according to Colorado law, your right to confidentiality will be waived.

Fees:

This Time Is Reserved For You. You are responsible for payment at the time of each session/evaluation. My rate is \$100 per 50-minute individual session and \$160 per 80-minute couples or family session. ***I provide a free 30 minute initial intake/consultation session.*** I must receive cancellation 24 hours before your scheduled appointment time; otherwise, you will be charged for the session/evaluation. You can access my voicemail 24 hours a day. Telephone calls will be returned as promptly as possible. Telephone consultations will be charged at the regular session rate, after the first ten minutes. Again, you are entitled to receive information about my fee structure.

Health Care Benefits:

I do not accept any health care benefits/insurance, nor do I accept Medicaid. You may submit my invoice/receipt to your flex-spending account for reimbursement of services rendered. I will make every effort to provide services at a financially feasible rate (Sliding Fee Scale-Starting @ \$50 per 50-minute session and \$75 per 80-minute session), determined on an individual basis.

The reason I do not accept insurance or Medicaid is that when I make a diagnosis that diagnosis enters your permanent health record. As a result it may be difficult for you to receive insurance coverage in the future, as a preexisting condition, and or you may have reached your maximum benefit for that particular service. Many clients do not wish to have their trauma, mental health, substance abuse/addiction or sexual matters made part of their permanent health record. Additionally, many insurance plans do not cover issues related to trauma, sex therapy, addiction treatment, marriage, family and couples counseling.

Emergency Contacts:

You may call my voicemail at 303-317-5588 or 303-842-2505 and leave a message. I check my voice mail multiple times on a daily basis and will return you call as soon as my time permits. ***For more immediate help concerning suicidal ideation, homicidal ideation or other medical emergency call 911 or go to your local Emergency Room.***

Termination:

Termination will usually be a mutual agreement; however, you may terminate your therapy at any time. I may in a few special circumstances decide to stop working with you, even if you wish to continue. These include a need for special services outside the area of my competence or failure to meet the terms of our fee agreement. Should either of these circumstances occur, the reason for termination of services will be explained/discussed with you, and you will be assisted in making different plans for yourself, including a referral to a more appropriate resource.

If a client is under the age of eighteen, but is at least fifteen, years of age, whose parent or legal guardian is consenting to mental health services, shall not receive confidential information unless the client signs a release of information.

If a client is under the age of fifteen, whose parent or legal guardian is consenting to mental health services, shall receive disclosure.

If a client is under the age of fifteen, I will ask for proof of custody/decision making authority of the consenting parent or legal guardian by the Court, before I agree to make an appointment with the client. I cannot see a client referred by a parent or legal guardian without the authority from the parent with custody/decision making authority.

If you believe that your rights as a client have been violated, the following procedure should be followed:

1. Discuss the matter with me.
2. If the matter is not resolved, then contact the Mental Health Grievance Board.

I have read and discussed the preceding disclosure information and understand my rights and responsibilities as a client. I have also read the information about fees and understand my obligation in regard to payment for professional services to Nic Showalter, MA LLC/Whole Person Counseling.

Client Signature: _____ **Date:** _____

Client Name: _____ **Date:** _____

Parent/Guardian Signature (if applicable): _____ **Date:** _____

Therapist Signature: _____ **Date:** _____